PART B - FEE(S) TRANSMITTAL

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1	APPLICATION NO. FILING DATE		FIRST NA	MED INVENTOR	 	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
1	09/932,592	08/17/2001		nan O. Nelson	4	109909-129556	5217	
	APPLN. TYPE	SMALL ENTITY			TION FEE	TOTAL FEE(S) DUE	DATE DUE	
	nonprovisional	YES NO	\$700 \$140	\$3	00	\$1000	08/09/2005	
1	EXAMINER		ART UNIT	CLASS-SU	BCL ASS	\$1700		
ı	NGUYEN, LEE		2682	455-56		•	•	
	CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON T PLEASE NOTE: Unless an assignee is identified below, no assignee			data will appear on the patent. If an assigned is identified below, the decourant has been St. I for				
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		ase check the appropriate assignee category or categories (will not be printed on the patent):						
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	a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.							
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	Authorized Signature	Alder			Date Aug	gust 8, 2005		
_	Typed or printed name Al AuYeung					lo. <u>35,432</u>		
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